I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

Entity Name:	Condon School I	District No. 25	jJ						
Authorized Signature:	April J. Thomas								
Printed Name:	Ted Thonstad								
Title:	Superintendent								
Date:	1/28/04								
I have reviewed the list accurate for inclusion in  I want to add the follow	n the State's consortiur	n application.	tity and found it to be						
Circuit Ty	pe Quantity	# of PVCs	1						
T-1			1						
56 KB			]						
386		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	]						
I want to delete the following	owing telecommunicat	ions circuits:							
Circuit ID	# Circuit Type	# of PVCs	]						
			1						

#### For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/ School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

We authorize the Department of Administrative Services, Information Resources Management Division, to engage on our behalf in the procurement processes, in the submission of the E-rate forms, and in the overall administration of these programs solely for the purposes of securing those discounts on E-rate eligible services.

- (a) I certify that the schools in our district are all schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, do not operate as for-profit businesses, and do not have endowments exceeding \$50 million.
- (b) That the libraries or library consortia are eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as a for-profit business and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.
- (c) I certify that the schools in our district have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- (d) I certify that the schools in our district are all covered, or will be covered at the time funded services are provided, by E-rate approved technology plans (unless discounts are only being requested for basic local and long distance telephone service).
- (e) I certify that our school district is compliant, or will be compliant at the time funded services are provided, with the Children's Internet Protection Act (unless discounts are only being requested for telecommunications services).
- (f) I certify that the services that our school district purchases using E-rate discounts (as described in the law 47 U.S.C. Sec. 254) will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- (g) I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

Ει	ntity Name:	North Central E	ducation Servi	ce District						
Authorized	Signature:		· · ·							
Pri	nted Name:	Anthony Lanni								
		Superintendent								
·	Date: 1/28/04									
CIRCUITS TO BE INCLUDED IN OR DELETED FROM THE CONSORTIUM APPLICATION										
I have re accurate	eviewed the list of a for inclusion in the	telecommunications e State's consortium	s circuits for my ent application.	ity and found it to be						
☐ I want to	add the following	list of telecommun	ications circuits:							
	Circuit Type	Quantity	# of PVCs	]						
	T-1									
	56 KB			]						
	386									
☐ I want to	delete the followi	ng telecommunicati	ons circuits:							
	Circuit ID#	Circuit Type	# of PVCs							

# For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/ School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

We authorize the Department of Administrative Services, Information Resources Management Division, to engage on our behalf in the procurement processes, in the submission of the E-rate forms, and in the overall administration of these programs solely for the purposes of securing those discounts on E-rate eligible services.

- (a) I certify that the schools in our district are all schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, do not operate as for-profit businesses, and do not have endowments exceeding \$50 million.
- (b) That the libraries or library consortia are eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as a for-profit business and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.
- (c) I certify that the schools in our district have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- (d) I certify that the schools in our district are all covered, or will be covered at the time funded services are provided, by E-rate approved technology plans (unless discounts are only being requested for basic local and long distance telephone service).
- (e) I certify that our school district is compliant, or will be compliant at the time funded services are provided, with the Children's Internet Protection Act (unless discounts are only being requested for telecommunications services).
- (f) I certify that the services that our school district purchases using E-rate discounts (as described in the law 47 U.S.C. Sec. 254) will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- (g) I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

E	ntity Name:	Mitchell Schoo	1 District No. :	55						
Authorized	Signature:	Michael P Canon								
Pri	nted Name:	Mike Carroll								
	Title:	Superintendent								
	Date:	1/28/04								
I have re	eviewed the list for inclusion in	APPLICA'I	PION ons circuits for my enum application.	HE CONSORTIUM						
	Circuit Typ	e Quantity	# of PVCs							
	T-1			]						
	56 KB			_						
☐ I want to	386 delete the follo	wing telecommunic  # Circuit Type								
				_						

#### For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/ School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

We authorize the Department of Administrative Services, Information Resources Management Division, to engage on our behalf in the procurement processes, in the submission of the E-rate forms, and in the overall administration of these programs solely for the purposes of securing those discounts on E-rate eligible services.

- (a) I certify that the schools in our district are all schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, do not operate as for-profit businesses, and do not have endowments exceeding \$50 million.
- (b) That the libraries or library consortia are eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as a for-profit business and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.
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- (d) I certify that the schools in our district are all covered, or will be covered at the time funded services are provided, by E-rate approved technology plans (unless discounts are only being requested for basic local and long distance telephone service).
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- (g) I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

Program Year 2004 (July 1, 2004 – June 30, 2005) Program Year 2005 (July 1, 2005 – June 30, 2006)

Entity Name: _	Spray School District No. 1							
Authorized Signature:	Thulflama							
Printed Name:	Faul Young							
Title:	Superintendent							
Date: _	1/28/04							
CIRCUITS TO BE INCLUDED IN OR DELETED FROM THE CONSORTIUM APPLICATION								
I have reviewed the list	of telecommunications circuits for my entity and found it to be							

Circuit Type	Quantity	# of PVCs
T-1		
56 KB		

accurate for inclusion in the State's consortium application.

I want to add the following list of telecommunications circuits:

☐ I want to delete the following telecommunications circuits:

Circuit ID #	Circuit Type	# of PVCs

#### For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/ School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

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- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

Ei	ntity Name:	Arlington School	l District No.	. 3						
Authorized	Signature:	Michael J. Kaour								
Prir	nted Name:	Michael Keown								
	Title:	Superintendent								
	Date:	1/28/04								
accurate	for inclusion in the	telecommunications e State's consortiun ; list of telecommun	application.	tity and found it to be						
	Circuit Type	Quantity	# of PVCs	]						
	T-1			1						
	56 KB 386									
☐ I want to		ng telecommunicati	ons circuits:							
			<u> </u>	-						

## For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

We authorize the Department of Administrative Services, Information Resources Management Division, to engage on our behalf in the procurement processes, in the submission of the E-rate forms, and in the overall administration of these programs solely for the purposes of securing those discounts on E-rate eligible services.

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- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

E	ntity Name:	Fossil School L	District No. 2	1J						
Authorized	Signature:	Gack Toto								
Pri	nted Name:	Jack Lorts								
	Title: _	Superintendent								
	Date:	1/28/04								
I have re	CIRCUITS TO BE INCLUDED IN OR DELETED FROM THE CONSORTIUM APPLICATION  I have reviewed the list of telecommunications circuits for my entity and found it to be accurate for inclusion in the State's consortium application.  I want to add the following list of telecommunications circuits:									
	Circuit Type	Quantity	# of PVCs	7						
	T-1									
	56 KB	,								
	386									
☐ I want to	delete the follow	ing telecommunicati	ons circuits:							
	Circuit ID#	Circuit Type	# of PVCs							
				_						

#### For Program Years 2004, 2005

I, the undersigned, authorize the Oregon Department of Administrative Services ("DAS"), Information Resources Management Division "(IRMD"), to act as a consortium lead on our Cooperative/District/ School/Library's behalf for telecommunications services purchased off the State of Oregon Enterprise Network ("SOEN") Statewide Master Contract Number 1195.

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- (h) I certify that our school district has complied with all E-rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- (i) I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of the benefits from those services.
- (j) I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to the Department of Information Systems for E-rate submission is true.

I understand that persons willfully making false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This certification for the E-rate Program is effective for:

Eı	ntity Name: _	Sherman County	School Distri	ct							
	Signature:	Jace Cole									
Pri	nted Name: _	Dale Coles									
	Title: _	Superintendent									
	Date:	1/28/04									
I have re	evicwed the list of for inclusion in t	APPLICATI	ON s circuits for my er n application.	HE CONSORTIUM							
	Circuit Type	Quantity	# of PVCs	]							
	T-1			_							
	56 KB 386			4							
☐ I want to		ring telecommunicat	ons circuits:	<b>」</b> ¬							
	Circuit 1D#	Circuit Type	WULTYCS	-							
	<u> </u>		L								

Reguest # 3



## Universal Service Administrative Company

Schools & Libraries Division

Oct 17, 2005

Patricia K. Middelburg OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES Telephone: Application Number

(503) 3731365 460103

Please provide us with the dollars associated with the entity North Central ESD (entity # 145108) by FRN for your Application 460103. In addition, please provide me with the methodology you used in arriving at those dollars. If the entity North Central ESD is not included in any other FRNs for the Application 460103, please provide a signed contract, invoice, bill or similar documentation from the service provider validating that the entity is not receiving services. A signed note from the applicant is not sufficient.

You do not have to provide dollars for the member school districts that comprise the North Central ESD.

Please fax or e-mail the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested so we can complete our review. Failure to do so may result in a reduction or denial of funding.

Should you wish to cancel this application, or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s); along with the application number and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Please send the required information within seven calendar days. If you need additional time to prepare your response, please let me know as soon as possible.

Thank you for your cooperation and continued support of the Universal Service Program.

See the atteached letter from Universal Service Administrative Company, Schools & Libraries Division.

Please fax all documentation within 7 calendar days.

## PLEASE CONFIRM RECEIPT OF THIS REQUEST TO:

Douglas May
Consortium Reviewer
Universal Service Administrative Company
Schools & Libraries Division
100 South Jefferson Rd.
Whippany, NY 07981
Phone: 973-560-4401 FAX: 973-599-6576
E-Mail; dmay@SL.UniversalService.Org

From:

MIDDELBURG Pat \* DAS IRMD PMO

Sent:

Monday, October 17, 2005 4:37 PM

To:

'May, Douglas'

Cc:

MIDDELBURG Pat

Subject:

RE: ERate App# 460103

Attachments: North Central ESD.xls

Douglas, I've attached an excel file that identifies the costs associated with North Central ESD and its member school districts.

The cost of the service is based on contract amounts determined by the type of service delivered (i.e., Circuit type, number of PVCs per circuit, and InterLATA service), multiplied by 12 months. The contract is with Qwest Communications, State Master Contract Number 1195.

Please let me know if there is additional documentation or explanation required.

From: May, Douglas [mailto:DMAY@sl.universalservice.org]

Sent: Monday, October 17, 2005 11:17 AM To: Patricia K. Middelburg@1-503-3788333 Cc: MIDDELBURG Pat; May, Douglas

Subject: ERate App# 460103

#### NORTH CENTRAL ESD

FRN	School or Library	Billing Address	Circuit ID	Circuit Type	PVC's	Circuit Address	City	Fixed Contract Costs	Interlata/ Muxing	Share of 1 Home Ckt Cos	otal t/Month	# Months	Total Request
1285458	North Central ESD/Condon School District	PO Box 637, Condon	05.QGDA.157037	384	1	210 E Baynard	Condon	\$310.38	\$97.90	\$251.31	\$659.59	\$12.00	\$7,915.08
1285486 1285466 1285466 1285466 1285466 1285466 1285466 1285466 1285466 1285466 1285466	Arlington School District Fossis School District Mitchell School District North Central ESD/Condon School District Sherman County School District Sherman County School District Sherman County School District Sparay School District Sparay School District	PO Box 10, Artington PO Box 206, Fossil PO Box 427, Mitchell PO Box 637, Condon PO Box 244, Moro PO Box 244, Moro PO Box 244, Moro PO Box 244, Moro PO Box 230, Spray	60.QGDQ.211046 06.QGDA.157409 05.QGDA.157409 05.QGDA.001290 05.QGDA.001407 05.QGDA.150310 05.QGDA.151382 05.QGXX.001441 60.QGDQ.206271 60.QGDQ.214025 60.QGDQ.214064 05.QGDA.157428	T-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1	1 1 1 1 1 4 1 1 1 1	1200 Main St 600 B St	Arlington Fossil Mitchell Condon Manythurst Condon Condon Condon Pendleton Moro Wasco Grass Valley Spray	\$287.65 \$287.65 \$287.65 \$287.65 \$287.65 \$287.65 \$504.13 \$287.65 \$287.65 \$287.65 \$287.65 \$287.65	\$60.94 \$60.94 \$60.94 \$60.94 \$60.94 \$60.94 \$60.94 \$60.94 \$60.94		\$348.59 \$348.59 \$348.59 \$348.59 \$348.59 \$565.07 \$348.59 \$348.59 \$348.59 \$348.59 \$348.59 \$348.59 \$348.59	\$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00	\$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08 \$4,183.08

From: Sent: MIDDELBURG Pat \* DAS IRMD PMO Monday, October 17, 2005 4:43 PM

To:

'May, Douglas'

Subject:

RE: ERate App# 460103

Douglas, when faxing materials to me, please send it to 503.378.5200. Thanks.

From: May, Douglas [mailto:DMAY@sl.universalservice.org]

Sent: Monday, October 17, 2005 11:17 AM To: Patricia K. Middelburg@1-503-3788333 Cc: MIDDELBURG Pat; May, Douglas Subject: ERate App# 460103

From:

MIDDELBURG Pat \* DAS IRMD PMO

Sent:

Monday, October 17, 2005 9:10 PM

To:

Subject:

'May, Douglas' RE: ERate App# 460103

As you look at the spreadsheet that I submitted earlier, please note that North Central ESD and Condon School District are combined as they share facilities. I hope this clarifies your questions about the two entities.

----Original Message----

From: May, Douglas [mailto:DMAY@sl.universalservice.org]

Sent: Monday, October 17, 2005 11:17 AM To: Patricia K. Middelburg@1-503-3788333 Cc: MIDDELBURG Pat; May, Douglas Subject: ERate App# 460103

From: MIDDELBURG Pat \* DAS IRMD PMO [Pat.Middelburg@state.or.us]

**Sent:** Monday, October 17, 2005 9:15 PM

To: MIDDELBURG Pat \* DAS IRMD PMO

Subject: FW: ERate App# 460103

----Original Message----

From: MIDDELBURG Pat \* DAS IRMD PMO Sent: Monday, October 17, 2005 9:10 PM

To: 'May, Douglas'

Subject: RE: ERate App# 460103

As you look at the spreadsheet that I submitted earlier, please note that North Central ESD and Condon School District are combined as they share facilities. I hope this clarifies your questions about the two entities.

----Original Message----

From: May, Douglas [mailto:DMAY@sl.universalservice.org]

Sent: Monday, October 17, 2005 11:17 AM To: Patricia K. Middelburg@1-503-3788333 Cc: MIDDELBURG Pat; May, Douglas

Subject: ERate App# 460103



# Universal Service Administrative Company

Schools & Libraries Division

Oct 21, 2005

Patricia K. Middelburg
OREGON DEPARTMENT OF
ADMINISTRATIVE SERVICES
Telephone:

(503) 3731365

**Application Number** 

460103

The Program Integrity Assurance (PIA) team is in the process of reviewing all Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the federal universal service program. We are currently in the process of reviewing your Funding Year 2005 Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below..

- 1. Please provide the Letters of Agency (LOA) for each of the schools/libraries that appear Worksheet A of Application 460103. In the event that these schools/libraries are controlled by a higher level, such as a school district or library system, the higher level's LOA will be sufficient. If a district LOA is provided, please provide a mapping showing which Block A entities are covered by the respective districts.
- 2. Please provide the Letters of Agency for the following ESDs: Clackamas ESD Harney ESD

Please fax all documentation to my attention at 973-599-6576 within 7 calendar days.

It is important that we receive the information requested within 7 calendar days so that we may proceed with our review. Failure to provide the information within 7 calendar days may put your application at risk of rejection.

If you have any questions please call me at 973-560-4401

Douglas May Consortium Reviewer Universal Service Administrative Company Schools & Libraries Division 100 South Jefferson Rd. Whippany, NY 07981 Phone: 973-560-4401 FAX: 973-599-6576 E-Mail; dmay@SL.UniversalService.Org

Request # B4



#### Department of Administrative Services

Information Resources Management Division 1225 Ferry Street SE Salem, OR 97301 (503) 378-3161 FAX (503) 378-3795

October 24, 2005

Douglas May Consortium Reviewer Universal Service Administration Company Schools and Libraries Division 100 South Jefferson Road Whippany, NJ 07981

Regarding Correspondence Dated: October 21, 2005

Application Number:

460103

<u>PIA REQUEST 1.</u> Please provide the Letters of Agency (LOA) for each of the schools/libraries that appear Worksheet A of Application 460103. In the event that these schools/libraries are controlled by a higher level, such as a school district or library system, the higher level's LOA will be sufficient. If a district LOA is provided, please provide a mapping showing which Block A entities are covered by the respective districts.

Applicant's Response:

o See BLUI Tab for sample letter of agency

O See RED Tab Summary Matrix of participating agencies with their associated worksheet number

See GREEN Tab Summary Matrix of complete listing of participating ESDs or the associated school districts participating and the schools

See Tabs 1 through 25 for letters of agency from the participating entities.
 See Blue Tab for sample letter of agency

<u>PIA REQUEST 2.</u> Please provide the Letters of Agency for the following ESDs: Clackamas ESD Harney ESD

Applicant's Response:

- o For participating entities from Clackamas ESD, see Tab 1
- o For participating entities from Harney ESD, see Tab 4

Sincerely,

Patricia K. Middelburg, MEd, PMP Project Manager and State E-Rate Coordinator Department of Administrative Services Information Resources Management Division 955 Center Street NE, Room 470 Salem, OR 97301

Attachment